108770

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:	•					
Estimated averag	e burden					
hours per respons	e 16.00					

SEC	USE O	NLY
Prefix		Serial
DA	TE RECEIV	ED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Pixxures Acquisition	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6	
Type of Filing: New Filing Amendment	PROCESSED
A. BASIC (DENTIFICATION DATA	MOV 0 0 0 C C (1)(1) 3 1 2
1. Enter the information requested about the issuer	NOV 0 6 2007
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	THOMSON 185/
Xeder Corporation	FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
8310 South Valley Hwy., Suite 220, Englewood, CO 80112	303-377-0033
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	<u> </u>
Geographic Information Services, Information Technology Services	
Type of Business Organization Corporation Imited partnership, already formed other (
✓ corporation limited partnership, already formed other (picase sp
Month Year	
Actual or Estimated Date of Incorporation or Organization: 05 75 Actual Esti	mated 07081945
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. ar 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given twhich it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only reporthereto, the information requested in Part C, and any material changes from the information previously suppose be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for SULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION—	
Failure to file notice in the appropriate states will not result in a loss of the federal e	xemotion. Conversely, failure to file the

appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

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2. Enter the information re	quested for the fo	llowing:			•
 Each promoter of t 	he issuer, if the is	sucr has been organized v	rithin the past five years;	-	•
 Each beneficial own 	ner having the pow	rer to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
 Each executive offi 	icer and director o	of corporate issuers and of	corporate general and man	aging partners of p	partnership issuers; and
 Each general and o 	nunaging partner o	of partnership issuers.			
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, it Williamson, Hugh H., III	f individual)				
Business or Residence Addre 1200 Corporate Drive, Su	•		odc)	·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, in Bragg, Steven M.	f individual)				
Business or Residence Address 3310 South Valley Hwy., S	-	• • •	ode)		
Check Box(cs) that Apply;	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it Camarata, Samuel J., Jr.				· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
8310 South Valley Hwy., \$	Suite 220, Engle	ewood, CO 80112			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Jacobs, Jack H.					
Business or Residence Address 8310 South Valley Hwy.,			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i McArtor, Trusten A.	f individual)				
Business or Residence Address 8310 South Valley Hwy.,	-		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it Moreno, John P.	f individual)	·			
Business or Residence Address 8310 South Valley Hwy.,	•		ode)		
Check Box(cs) that Apply;	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, in Parker, Craig A.	f individual)				
Business or Residence Address 8310 South Valley Hwy.,	' = '	• • •	ode)		
	(Use bla	ink sheet, or copy and use	additional copies of this s	heet, as necessary)	

			47.114.(12.11.00.11).44.0		
2. Enter the information r	-	•			•
•	_	uer has been organized w			
	- ,	•	·		a class of equity securities of the issuer.
		•	corporate general and man	naging partners of	partnership issuers; and
Each general and	managing partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, Steinbecker, Roger J.	if individual)	.			
Business or Residence Address 8310 South Valley Hwy.			dc)		•
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			· · · · · -	
Business or Residence Address	ess (Number and	Street, City, State, Zip Co	ide)		-
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ođe)		
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Address	ess (Number and	Street, City, State, Zip Co	edc)		***************************************
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if (ndividual)		, <u>, , , , , , , , , , , , , , , , , , </u>		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Address	ess (Number and	Street, City, State, Zip Co	ode)		

						TORVIATE	o)satieti	CONTRI	ie i				
										_		Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											,,,		- 🛣
	Answer also in Appendix, Column 2, if filing under ULOE.											0.00	n
2.	2. What is the minimum investment that will be accepted from any individual?											\$_0.00	
	Desert	0 0	I A 1-1-4			1 100						Yes	No
3.			=			ie unit?							
4.											irectly, any he offering.		
	If a pers	on to be list	ted is an ass	ociated pe	rson or age	ent of a brok	er or deale	r registered	l with the S	EC and/or	with a state		
						ore than five on for that				clated pers	ons of such		
Ful		Last name 1							•				
	, omarı ı	Last nume i		viudui)									
Bu	siness or	Residence	Address (N	umber and	i Street, Ci	ity, State, 2	ip Code)						
Na	me of Ass	ociated Br	oker or De	aler								<u></u>	
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
	(Check	"All States	" or check	individual	States)	***************************************				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ A11	States
	AL	(AK)	AZ	AR	CA	CO	[CT]	[DE]	DC	FL	GA	Н	[ID]
		[N]	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (Last name i	first, if indi	vidual)									
Bu	sin ess or	Residence	Address (1	Yumber an	d Street, C	lity, State, 2	Zíp Code)						
Na	me of Ass	ociated Br	oker or De	aler				·					
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	iodividual	States)		**************	400044000440	*********	+40+4000)+200725100	****************	□ AII	l States
	AL	ĀK	[ĀZ]	AR	CA	[CO]	[CT]	(DE)	[DC]	FL	[GA]	HI	D
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT]	NE	NV	NH	נא	NM)	NY	NC	ND	OH	<u>OK</u>	OR	PA
	RI	SC	SD	TN	TX	UT	[VT]	VA)	WA	[WV]	[WI]	(WY)	PR
Ful	l Name (Last name	first, if indi	ividual)									
_													
Bu	siness or	Residence	Address (1	Yumber an	d Street, C	City, State, I	Zip Code)						
Na	m¢ of As:	sociated Br	oker or De	aler			· ,					<u>.</u>	
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				····		
	(Check	"All States	" or check	individual	States)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			**************		***************************************		l States
	AL	(ĀĶ)	ΆΖ	AR	[CA]	CO	CT	DE	DC	FL]	GA	HI	[ID]
	TL.	[N]	IA	KS	KY]	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NI	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	[TX]	UT	(VT)	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

			•
١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		٠
	, •	Aggregate Offering Price	Amount Already Sold
	Debt	0.00	00.0 2
	Equity		\$ 5,114,998.83
	✓ Common		
	Convertible Securities (including warrants)	0.00	0.00
	Partnership Interests		\$ 0.00
	Other (Specify)		\$ 0.00
	Total	5,114,998.83	s 5,114,998.83
	Answer also in Appendix, Column 3, if filing under ULOE.		•
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	11	s 5,114,998.83
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total	••	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_250.00
	Printing and Engraving Costs	I	\$ 700.00
	Logal Fccs	7	\$_25,000.00
	Accounting Fees	Z	\$ 21,000.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)		\$ 7,000.00
	Total		\$_53,950.00

	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted groproceeds to the issuer."	13	\$5,061,048.83
i.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate are check the box to the left of the estimate. The total of the payments listed must equal the adjusted group proceeds to the issuer set forth in response to Part C — Question 4.b above.	d	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	🗀 \$ <u>0.00</u>	<u>0.00</u>
	Purchase of real estate	\$ 0.00	□\$_0.00
	Purchase, rental or leasing and installation of machinery and equipment	\$_0.00	. []\$_0.00
	Construction or leasing of plant buildings and facilities		□ \$ 0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		5,081,048.83
	Repayment of indebtedness		\$ 0.00
	Working capital		\$ 0.00
	Other (specify):	\$ 0.00	\$ 0.00
		\$	\$ <u>0.00</u>
	Column Totals	🔲 \$ <u>_0.00</u>	<u>\$ 5,061,048.83</u>
	Total Payments Listed (column totals added)	[\$.5,	.061,048.83
Š	The state of the s		
ig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not mature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited injector oursuand to paragraph (b)(2) o	iission, upon w <u>ritt</u> a	ale 505, the following
SS	uer (Print or Type)	Date	
Χe	edar Corporation	October 11, 200)7
٧a	me of Signer (Print or Type) Title of Signer (Print or Type)		
lug	gh H. Williamson, Ili President, CEO and Director		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		enan kasaran sa marangayan bahasa sa							
t.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?								
	Sec	Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to f D (17 CFR 239.500) at such times as require	urnish to any state administrator of any state in which this no d by state law.	tice is filed a no	tice on Form					
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon written request, in	iformation furn	ished by the					
4.	limited Offering Exemption (ULOE) of the st	sucr is familiar with the conditions that must be satisfied to ate in which this notice is filed and understands that the issu- ling that these conditions have been satisfied.							
	er has read this notification and knows the cont chorized person.	ents to the true that has duly caused this notice to be signed on i	is behalf by the	undersigned					
Issuer (Print or Type)	Signature Date							
Xedar (Corporation	October	11, 2007						
Name (Print or Type)	Title (Print or Type)							
Hugh H	I. Williamson, III	President, CEO and Director							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					danons, e				
	Intend to non-a investor	to sell ecredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
СТ									
DE									
DC									
FL									
GA									
н									
ID									
IL									
IN									
lA									
KS									
KY									
LA									
ME									
MD									
MA									
МІ							×		
MN									
MS									

				ZP)	ing processing				
1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5. Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО				:					
МT									
NE									
NV									
NH							:		
ИJ									
NM									
NY									
NC									
ND									
ОН							<u>-</u>		
OK									
OR									
PA									
RI							l		
sc									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
wv							-		
WI									

1	Type of security and aggregate to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)				under St (if yes, explan waiver	dification ate ULOE attach attion of granted)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

END